

<b>ORDER FOR SUPPLIES OR SERVICES</b> <i>(Contractor must submit four copies of invoice.)</i>				Form Approved OMB No. 0704-0187 Expires Jun 30, 1997		PAGE 1 OF <b>5</b>	
Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302, and to the Office of Management and Budget, Paperwork Reduction Project (0704-0187), Washington, DC 20503.							
<b>PLEASE DO NOT RETURN YOUR FORM TO EITHER OF THESE ADDRESSES.</b> <b>SEND YOUR COMPLETED FORM TO THE PROCUREMENT OFFICIAL IDENTIFIED IN ITEM 6.</b>							
1. CONTRACT/PURCH ORDER NO <b>F34601-01-G-0004</b>		2. DELIVERY ORDER NO. <b>UBC3</b>		3. DATE OF ORDER (YYMMDD) <b>2004 FEB 25</b>		4. REQUISITION/PURCH REQUEST NO <b>FPC03108000363</b>	
6. ISSUED BY <b>Defense Supply Center Columbus 3990 E. Broad St. P.O. Box 16704 Columbus, OH 43216-5010 Local Administrator: PAABCAD (614)692-1407 / FAX: (614)692-6292 E-mail: Michael.Theado@dla.mil</b>		CODE <b>SP0700</b>		7. ADMINISTERED BY (If other than 6) <b>DCMC VAN NUYS 6230 VAN NUYS BLVD 818 267-2000 VAN NUYS CA 91401-2713</b>		CODE <b>S0512A</b>	
9. CONTRACTOR  <b>NAME AND ADDRESS</b>  <b>WHITTAKER CONTROLS INC. 12838 SATICOY STREET NORTH HOLLYWOOD CA 91605-3505</b>		CODE <b>79318</b>		FACILITY CODE		10. DELIVER TO FOB POINT BY (Date) (YYMMDD) <b>182 DAYS ADO</b>	
						11. MARK IF BUSINESS IS <input type="checkbox"/> SMALL <input type="checkbox"/> SMALL DISADVANTAGED <input type="checkbox"/> WOMEN-OWNED	
						12. DISCOUNT TERMS <b>NET 30 days</b>	
						13. MAIL INVOICES TO <b>See Block 15</b>	
14. SHIP TO  <b>See Schedule - Do Not Ship to Address in Block 6</b>		CODE		15. PAYMENT WILL BE MADE BY  <b>ATTN DFAS CO BVDPC/CC CONSTRUCTIO 3990 E BROAD ST PO BOX 182317 COLUMBUS OH 43218-6203</b>		CODE <b>S33181</b>	
						MARK ALL PACKAGES AND PAPERS WITH CONTRACT OR ORDER NUMBER	
16. DELIVERY <input checked="" type="checkbox"/> PURCHASE		This delivery order is issued on another Government agency or in accordance with and subject to terms and conditions of above numbered contract					
TYPE OF ORDER		Reference your <b>offer dated 2003 MAY 05, 6317</b> and furnish the following on terms specified herein.					
		ACCEPTANCE. THE CONTRACTOR HEREBY ACCEPTS THE OFFER REPRESENTED BY THE NUMBERED PURCHASE ORDER AS IT MAY PREVIOUSLY HAVE BEEN OR IS NOW MODIFIED, SUBJECT TO ALL OF THE TERMS AND CONDITIONS SET FORTH, AND AGREES TO PERFORM THE SAME.					
NAME OF CONTRACTOR _____ SIGNATURE _____ TYPED NAME AND TITLE _____ DATE SIGNED (YYMMDD) _____ <input type="checkbox"/> If this box is marked, supplier must sign Acceptance and return the following number of copies: _____							
17. ACCOUNTING AND APPROPRIATION DATA/LOCAL USE  <b>CG: 97X4930 5CC0 001 26.0 S33150</b>							
18. ITEM NO.	19. SCHEDULE OF SUPPLIES/SERVICE			20. QUANTITY ORDERED/ACCEPTED*	21. UNIT	22. UNIT PRICE	23. AMOUNT
	<b>Remarks:</b> <b>ACCELERATED DELIVERY IS ACCEPTABLE AND DESIRED AT NO COST TO THE GOVERNMENT.</b>			<b>TOTAL:</b> <b>3</b>			
* If quantity accepted by the Government is same as quantity ordered, indicate by X. If different, enter actual quantity accepted below quantity ordered and encircle.				24. UNITED STATES OF AMERICA BY: <i>Bruce Rose</i>		25. TOTAL	<b>\$ 2415.00</b>
26. QUANTITY IN COLUMN 20 HAS BEEN <input type="checkbox"/> INSPECTED <input type="checkbox"/> RECEIVED <input type="checkbox"/> ACCEPTED, AND CONFORMS TO THE CONTRACT EXCEPT AS NOTED				27. SHIP. NO. <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		28. D.O. VOUCHER NO.	29. DIFFERENCE
DATE _____ SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE _____				31. PAYMENT <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		32. PAID BY	30. INITIALS
36. I certify this account is correct and proper for payment. DATE _____ SIGNATURE AND TITLE OF CERTIFYING OFFICER _____						33. AMOUNT VERIFIED CORRECT FOR	34. CHECK NUMBER
37. RECEIVED AT	38. RECEIVED BY (Print)		39. DATE RECEIVED (YYMMDD)	40. TOTAL CONTAINERS	41. S/R ACCOUNT NUMBER	42. S/R VOUCHER NO.	

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Packaging - Inspection and Acceptance Address:  
3L633

JAMAR PACKAGING INC  
24810 AVE TIBBETTS  
VALENCIA CA 91355

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## SECTION B

PR FPC03108000363  
NSN 3040-00-014-1736

## ITEM DESCRIPTION:

CAM, CONTROL

CRITICAL APPLICATION ITEM

WHITTAKER CONTROLS INC. (79318) P/N 153248

<u>ITEM</u>	<u>PR</u>	<u>PRLI</u>	<u>QUANTITY</u>	<u>UNIT</u>	<u>UNIT PRICE</u>	<u>AMOUNT</u>
0001	FPC03108000363	0001	3	EA	\$805.00000	\$2415.00

QTY VARIANCE: PLUS 0% MINUS 0%  
INSPECTION POINT: ORIGIN  
ACCEPTANCE POINT: ORIGIN

## PREP FOR DELIVERY

PKGING DATA - MIL-STD-2073-1D, 15 DEC 1999  
QUP = 001: PRES MTHD = ZZ: CLNG/DRY = X: PRESV MAT = XX:  
WRAP MAT = XX: CUSH/DUNN MAT = XX: CUSH/DUNN THKNSS = X:  
UNIT CONT = XX: OPI = O:  
INTRMDTE CONT = XX: INTRMDTE CONT QTY = XXX:  
PACK CODE = U:  
MARKING SHALL BE IN ACCORDANCE WITH MIL-STD-129.  
SPECIAL MARKING CODE: 00 - NO SPECIAL MARKING.  
PALLETIZATION SHALL BE IN ACCORDANCE WITH DC1636P001 REV E  
DATED 3029  
SUPPLEMENTAL INSTRUCTIONS

PRESERVATION AND PACKAGING SHALL BE  
IAW ASTM-D3951, COMMERCIAL PACKAGING.

DOD BAR CODE MARKING REQUIRED IN ACCORDANCE WITH  
MIL-STD-129 (LATEST REVISION) MARKING AND BAR  
CODING IN ACCORDANCE WITH AIM BC1.

DELIVER FOB: ORIGIN BY: 2004 AUG 25

PARCEL POST ADDRESS:

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## SECTION B

SW3211  
DEF DISTRIBUTION DEPOT OKLAHOMA  
CEN REC 3301 F AVE BLDG 506 DR 22  
TINKER AFB OK 73145-8000

## FREIGHT SHIPPING ADDRESS:

SW3211  
DEF DISTRIBUTION DEPOT OKLAHOMA  
CENTRAL REC 3301 F AVE BLDG 506  
TINKER AFB OK 73145-8000

NON-MILSTRIP  
PROJ

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## REMIT PAYMENT TO:

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A04D01 52.204-9C06 DSCC MASTER SOLICITATION STATEMENT

Full text of all DLAD/DSCC clauses listed within this individual solicitation are contained in the DSCC Master Solicitation, current version found at <http://DIBBS.dsccl.dla.mil/refs/provclauses>. Also, the full text of FAR/DFARS clauses incorporated by reference may be accessed electronically at <http://www.dla.mil/j-3/j-336/icps.htm>. The clauses/provisions incorporated by reference have the same force and effect as if they were in full text; however, those having no bearing on the instant acquisition become self-deleting. In the event of an inconsistency between the Master Solicitation and the individual solicitation/award, the provision of the individual solicitation/award shall govern.

## SECTION E

E46A17 52.246-15 CERTIFICATE OF CONFORMANCE (APR 1984)

FAR

E46D01 52.246-9C01 INSPECTION AT ORIGIN (JUN 2001)

DSCC

(c) Inspection Points:

## SUPPLIES

(X) (Vendor Fill-in) Same as Offeror

Applicable to CLIN(s): \_\_\_\_\_ (Vendor Fill-in)

ALL

( ) (Vendor Fill-in) Other (CAGE, Name, Street Address, City, State and Zip Code)

(Vendor Fill-in)

(Vendor Fill-in)

(Vendor Fill-in)

Applicable to CLIN(s): \_\_\_\_\_ (Vendor Fill-in)

## PACKAGING

( ) (Vendor Fill-in) Same as Offeror

Applicable to CLIN(s): \_\_\_\_\_ (Vendor Fill-in)

( ) (Vendor Fill-in) Same as above

(X) (Vendor Fill-in) Other (CAGE, Name, Street Address, City, State and Zip Code)

(3L633) JAMAR PACKAGING INC (Vendor Fill-in)

24810 AVE TIBBETTS (Vendor Fill-in)

VALENCIA, CA 91355 (Vendor Fill-in)

Applicable to CLIN(s): \_\_\_\_\_ (Vendor Fill-in)

ALL

E46D02 52.246-9C02 ACCEPTANCE AT ORIGIN (NOV 1995)

DSCC

## SECTION F

F47D01 52.247-9C02 SHIPPING INSTRUCTIONS (DOMESTIC)

(MAY 2002) DSCC

## SECTION I

I32B02 252.232-7003 ELECTRONIC SUBMISSION OF PAYMENT

REQUESTS (JAN 2004) DFARS